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Substitute for Form PTO-875								Application or Docket Number 09/654/727		
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL E	SMALL ENTITY		OTHER THAN SMALL ENTITY	
FOR NUMBER FILED			NUMBE	NUMBER EXTRA		FEE	7	DAYE	ere	
BASIC FEE (37 CFR 1.1G(a))					RATE		1	RATE	FEE	
TOTAL CLAIMS						S	→ OR	 _	S	
(37 CFR 1.16(c)) INDEPENDENT CLAIMS			minus 20 = '			X \$ =		OR	X \$. =	
(37 CFR 1.16(b))			nunus 3	: '		x \$ =		OR	x s =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+5=		OR	+ S., . =	
If the difference in column 1 is less than zero, enter 10 im column 2.						101AL	L	Uik	10TAL	
CEMINS AS ARRENUED - FARCIA										
		(Column 1)		(Column 2)	(Column 3)	SMALL E	NTITY	OR		R THAN ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1.16(c))	·21	Minus	" 2 4	=	x s=		OR	x s=	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
핗	Independent (37 CFR 1.16(b))	7	Minus	~ 7	ئي ا	x s=		OR	x s=	
ব	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDE	ENT CLAIM (37 CF	R 1.16(d))	+s =		OR	+s =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)						•				
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	•	Minus	••	-	x \$ =			; ; ; X \$=	,,,,,
AMENDMENT	Independent (37 CFR 1:16(b))	•	Minus	***	=	x s =		OR OR	x s =	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+5 =		7			
	THE TREATMENT OF WINCING COLORS CONTROL OF STATE LOCAL							OR OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)					
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$=		OR	x s=	
AMENDMENT	Independent (37 CFR 1.16(b))		Minus	***	=	x \$=		OR	x s=	
[₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$=		OR	+ \$=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	• If the entry in o	column 1 is less tha		y in column 2, wri		3.		_		

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.